
Health Care & Wellness Committee

HB 1308

Brief Description: Reducing organ transplant benefit waiting periods based upon prior creditable coverage.

Sponsors: Representatives Driscoll, Hinkle, Cody, Sells, Wood, Morrell, Kelley, Clibborn, Moeller, Pedersen, Hudgins, Ormsby, Parker, Chase, Kenney, Goodman, Bailey, Simpson, Herrera and Nelson; by request of Insurance Commissioner.

Brief Summary of Bill

- Reduces the organ transplant waiting period by the amount of time a covered person had prior creditable coverage.
- Applies the creditable coverage standards governing pre – existing conditions waiting periods to organ transplant waiting periods.

Hearing Date: 2/5/09

Staff: Kyle Gotchy (786-7119)

Background:

Pre – existing Condition Exclusions & Limits

A pre – existing condition exclusion is a limitation or exclusion of benefits relating to a condition based on the fact that the condition was present before the date of enrollment for such coverage. Under state and federal law, an insurance company may impose a waiting period before a new policyholder is covered for certain pre – existing conditions. An insurance company may also impose a separate waiting period for an organ transplant.

If an employer or an individual changes health plans and the new coverage begins within 90 days, then his or her prior coverage applies toward the new plan's pre – existing condition waiting period. However, if a person needs an organ transplant, his or her previous coverage

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may not apply toward the separate transplant waiting period. Consequently, such a person may need to go through another full organ transplant waiting period.

Summary of Bill:

For any new or renewed health benefit plan, a health carrier must reduce any organ transplant benefit waiting period by the amount of time a covered person had prior creditable coverage. Consequently, if a person has less than a 90-day break in health coverage, the amount of time he or she has spent waiting for a transplant under the former health plan must carry over to the new health plan.

This requirement applies to any plan issued or renewed on or after January 1, 2010.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.